B7. Risk Assessment for Country Operations

Module 5: Operational Security

Once the acute phase of COVID-19 has passed and the world settles into a period of 'new normal', there are likely to be longer term Global security implications, as countries grapple with containment and management. With INGOs exploring new programmatic responses to areas affected by COVID-19, it is important to assess the far-reaching and complex changes in the operational environment and how these affect risk to INGO staff, assets, and operations.

Already the economic hardships wrought by the responses to COVID-19 are being felt. Business bankruptcies, high unemployment, and a likely global recession will put pressure on government assistance programs that would ordinarily mitigate the economic impact. Coupled with rising frustration (with forced isolation and the limits of government services) and spurred on by unrestrained social media commentary, INGOs should anticipate increased levels of insecurity, crime, travel restrictions, and limits to government support.

The perception of who you are, both as an organization and the individuals within the organization, may well have changed due to Covid-19. Existing acceptance strategies and community engagement processes should be reviewed, as well as changes to external threats. This may also lead to an increase in internal threats.

As INGOs consider recovery strategies, the significant impact that the COVID-19 virus and the respective government measures imposed to fight the virus will have on staff and the operational environment should be formally considered. To assist in framing these considerations the Operational Security section addresses both COVID-19 Risk Assessment considerations and Security and Re-Entry recommendations.

Risk Assessments

The purpose of a risk assessment is to enable the development of appropriate mitigating measures for implementing safe and sustainable programs. Although COVID 19 will affect INGO staff, assets and operations, the risk assessment methodology generally used by INGOs does not need to change, it simply needs to consider this new threat and the associated risks that COVID 19 will pose to staff, operations and programs.

Risk assessments should consider the broad range of potential health, safety, and security threats to staff, operations, and programs. As such the assessment should engage INGO staff representing: safety & security, human resources, facilities management, programs, and operations. Other stakeholders include: legal, local partners, travel management companies, insurance providers, risk managers, and others. Among the areas to be assessed are Travel, Economic Fallout, Political Fallout, Anti-Foreigner Sentiment, Crime, Terrorism, Safeguarding, and Digital Security.

> 📄 GISF '**Security to Go: A Risk Management Toolkit for Humanitarian Aid**' provides tools on creating and conducting Risk Assessments in Module 3.

Travel

As travel restrictions are eased and INGO staff begin international travel the COVID-19 norms will need to be fully understood. It is likely that medical verification (WHO immunization card) and health screenings will be widely instituted. Maintaining social distancing and wearing PPE throughout travel will likely become the norm. International travelers will likely encounter delays and missed flights and should maintain flexibility in making travel plans. Additionally, airport screenings and country-level protocols may result in international travelers being quarantined or placed in self-isolation.

When considering having staff return to work in the office, likely the greatest exposure to the COVID-19 will occur during the daily commute, especially for those staff that rely on public transportation. Currently, government and industry regulations and procedures to address the practicalities of social distancing and use of PPE on public transport are being developed and rolled out.

For field travel, anticipate increased scrutiny at checkpoints where temperature checks may be administered, and travel document/mission orders may be challenged. Additionally, depending on local perceptions of INGOs, traveling staff may face harassment or targeted assault. National staff may also be at risk while undertaking road travel between regions where ethnic tensions and fear of "outsides" has increased.

Economic Fallout

The economic fallout will very likely expand and have a wider global impact in the months ahead. Many countries will very likely fall into recession with limited capacity in global financial systems to mitigate the impact by reducing interest rates and employing quantitative easing or mass stimulus. Increasingly high levels of personal, corporate, and government debt will compound the impact.

The economic constriction will very likely lead to vast and rapid increases in unemployment; this will be a significant issue for the many casual or gig economy workers, and will only increase as small businesses are forced to close and companies, unable to maintain liquidity, cease operations. As the economic impact expands across the globe, economic social safety nets will very likely be overwhelmed, resulting in personal economic hardship on a global

scale. The financial hardships and disaffection with government limitations to mitigate the impact may lead to social unrest and increased criminality.

Political Fallout

The COVID-19 pandemic will very likely undermine political stability in many countries around the world. Local and national governments have already imposed restrictions on religious gatherings; personal and community events; sporting events; and, imposed neighborhood lockdowns, business closures, curfews, and quarantines to control the spread of the virus, that may generate resentment toward authority and those empowered to enforce these measures. Some leaders are already taking advantage of the situation to implement authoritarian practices or restrict freedoms. Anti-government sentiment is highly likely to be increase by the economic fallout from the pandemic, which is set to be catastrophic on a global scale.

It is likely that governments will postpone key elections in the months ahead, to limit the spread of the disease via campaign events and rallies. In locations where there is already disaffection with unpopular leaders, or resistance to incumbents attempting to hold onto power beyond constitutional limits, political dissent and demonstrations may result in service disruptions and violence.

Anti-foreigner Sentiment

Xenophobic sentiment has been reported with Chinese nationals – or those of Asian descent more generally – targeted for intimidation, threats, and even violence. In addition, there are reports of social media provocation that COVID-19 was introduced to a number of countries by foreigners, including aid workers. Incidents against foreigners at international road borders have also been reported, in particular truck drivers, which could affect the supply chain. The accuracy surrounding these events is irrelevant, as fear can spread very rapidly in this context – particularly occurring in a digital age and with such global reach – where it will be perpetuated by social and other media.

In the case of recent Ebola outbreaks this has resulted in attacks against aid workers, a development that is likely to recur in several locations where INGOs are seeking to scale-up COVID-19 programming. Program staff could become targets in this context, while also facing challenges in getting messaging across that this is a virus that affects everyone. This will likely be a particular concern in Africa where the virus was slower to spread during the initial pandemic, though this could largely be to underreporting and lack of testing, which may foster the sentiment that COVID-19 is a 'foreign' disease; communities may focus on attempting to evict foreign nationals rather than adopting infection control measures.

Crime

The economic pressures cited above and related social impact will create an environment for an increase in opportunistic crime and exploitation compounded by the preoccupation of law enforcement with COVID-19 containment and management measures. While crime rates temporarily decline as a result of restricted movement and visible police presence, we may be seeing the first signs of increase in violent crime (Kenya, Uganda, South Africa) that serves

as an indicator of a possible trend. This will be an issue globally, not only in locations already known for high crime rates. An increase in crimes of opportunity is anticipated due to limited police presence, crimes of need due to unemployment and breakdown of services, and crimes of frustration linked to the shortage of goods and/or resentment over restrictions and political measures. As just one of many examples, in Kenya there have been reports of criminals posing as Ministry of Health workers to conduct home invasions.

More subtle criminal activities such as online scamming and information security issues have already increased. Criminals will likely attempt to exploit fear and uncertainty by using misinformation and anxiety to encourage unwise online browsing, clicking on malware links in emails, or the purchase of crank remedies to 'cure' or prevent COVID-19. With so many people spending more time online amid movement restrictions and work from home requirements, this risk has increased.

Resistance to drastic disease-control measures is already evident. Rising infection rates and mortality, coupled with scientific uncertainty about COVID-19, will likely increase disaffection with mandated restrictions and closures, public unrest will eventually become more common.

Terrorism

There exists a likelihood that armed opposition groups (AOGs) and transnational terrorist organizations may exploit the pre-occupation of governments and security forces with COVID-19 response measures to conduct major attacks or further objectives. Several countries are reporting that various AOGs are filling the void left by governments to provide security and social services. This tactic has proven successful for groups (Hamas, Hezbollah, Al Shabaab) to gain legitimacy and consolidate power among marginalized, underserved populations. In most of the areas where major AOGs are present – including south-west Asia, the Middle East, the Sahel, and the Horn of Africa – restrictions on movement and activity that might be imposed on major population centers, will have little effect in curbing terrorist activity. As with crime, it is likely that pre-occupation with COVID-19 containment will distract the existing counter-terrorism efforts of national governments, allowing space for increased operations by AOGs.

Safeguarding

Public health outbreaks have a distinct gendered impact on women and girls. Women and girls' roles in their homes and communities -- such as domestic and unpaid care responsibilities and as frontline health and social sector responder roles -- increase their exposure to COVID-19. Furthermore, women, girls and vulnerable groups are at increased risk of GBV during public health outbreaks due to limited input and control in decision-making on a household's response, and shifts in social safety nets, mobility and access to information/services. COVID-19 preparedness and response efforts must be responsive to these unique needs. Increased cases in domestic violence in middle income and high income countries have already been reported, with a likely increase in cases and potential impacts in emergency settings with displaced and mobile populations, as well as in overcrowded peri-urban settlements in many cities throughout the world. Potential impacts are likely to be exacerbated in contexts with overwhelmed health systems, weak rule of law, and existing

high levels of domestic violence and gender inequality. Domestic violence organizations have observed increased household tension and domestic violence due to forced coexistence, economic stress, and fears about the virus. The COVID-19 outbreak has also curtailed access to support services for survivors, particularly in the health, police and justice sector. Disease control measures that do not consider the gender-specific needs and vulnerabilities of women and girls may also increase their protection risks and lead to negative coping mechanisms.

Recent studies indicate that movement restrictions aimed to stop the spread of the virus may be making violence in homes more frequent, more severe and more dangerous. While data are scarce, reports from China, the United Kingdom, the United States, and other countries suggest an increase in domestic violence cases since the COVID-19 outbreak. The health impacts of violence, particularly intimate partner/domestic violence, on women and children, are significant. Violence against women can result in injuries and serious physical, mental, sexual and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies. Institutions that are supposed to protect women from domestic violence, many weak and underfunded to begin with, are now straining to respond to the increased demand.

Infectious diseases like COVID-19 can disrupt the environments in which children grow and develop. Disruptions to families, friendships, daily routines and the wider community can have negative consequences for children's well-being, development and protection. In addition, measures used to prevent and control the spread of COVID-19 can expose children to protection risks. COVID-19 can quickly change the context in which children live. Quarantine measures such as school closures and restrictions on movements disrupt children's routine and social support while also placing new stressors on parents and caregivers who may have to find new childcare options or forgo work. Stigma and discrimination related to COVID-19 may make children more vulnerable to violence and psychosocial distress. Children and families who are already vulnerable due to socio-economic exclusion or those who live in overcrowded settings are particularly at risk.

Health

Already countries will have put in place public health messaging, social distancing requirements, restrictive measures, and provided guidance/requirements on the use of PPE. COVID-19 infection / mortality rates will vary by country and even by regions within a country and as governments respond opportunities for limited INGO program re-engagement may be possible. However, given the nature of the virus, INGOs should anticipate periodic peaks in infection / mortality rates and remain flexible to adjust programs, facility access, and staff support accordingly. Once staff are working from the office and/or traveling to the field, the likelihood of exposure to COVID-19 will increase (despite measures instituted to reduce the risk). Given the likelihood that the local health systems will have limited capacity to effectively respond, and that medevac options may be limited or difficult to access in a timely manner, the impact on infected staff may be significant. In addition, the determination/belief that INGO staff may have become infected with COVID-19 in the performance of their duties may result in government sanctions, program suspensions, office closure, and legal liability.

Digital Security

Now, more than ever, it is important to stay vigilant in safeguarding the digital workspace, just as organizations are staying vigilant in safeguarding their physical one. The COVID-19 Pandemic has resulted in a major increase in phishing operations around the globe, mainly cybercriminals. Emerging threats include fake apps to donation scams to more exploitations of common teleconferencing tools. Some researchers have also gathered evidence that nation states are also leveraging COVID-19 themed operations including spyware masquerading as legitimate apps to phishing campaigns. Additionally, the shift to working from home has exposed the use of potentially vulnerable services, (e.g. remote working solutions, virtual private networks solutions, and video conferencing).

- Social Engineering & Phishing: continue to educate and communicate to employees about these new risks. Make sure employees are aware of new scams and how to report issues they identify to security teams with the use of things like the "Report Phish" button in their email.
- Working at Home Risks: validate that protection software is deployed to devices and issues are reported to IT. Continue to be vigilant about good corporate hygiene by deploying patches and update applications.

More information on digital security can be found in Module 4 of GISF '**Security to Go: A Risk Management Toolkit for Humanitarian Aid**'.

Digital Security Tips

Keep your software and operating system up-to-date! Foundational digital hygiene practices like this exponentially improve our security for all our devices, both personal and work-related.

When using your work or personal email, carefully review the entire email of the _Sender_. Suspicious emails may include those claiming to have COVID-19 updates or information that link to websites or include attachments.

Check emails with embedded links leading to unexpected destinations. You can do this by holding your mouse over the link (DO NOT CLICK) to see where the URL is taking you. Be aware of lookalike domains, or websites of common services which contain typos, etc.

Do not click on links. Clicking on links is the quickest way to inadvertently initiate a download of a malicious file or malware. We request that you stay vigilant and right click, copy, and paste the link into your browser. Review the URL before going to the website. Good practice is to share full links with your colleagues, rather than embedding them in a hyperlink.

Do not open files sent from unknown senders or untrusted sources. This includes URLs sent over mobile devices such as phones or tablets.

Do not visit websites that are untrusted. Use browsers like Chrome or Firefox which add additional browser warnings when trying to visit websites that are known to be malicious or suspicious.

Only download apps from the App store (Google Play or App Store). Be intentional about which applications you download. Check your privacy settings and ensure the app is legitimate or approved by a trusted source.

Security & Re-Entry

This section provides actions for INGOs to consider while creating their re-entry plans. These recommendations are framed by a re-entry structure of Preparation, Limited Implementation and Full Implementation. Each of these phases should be considered flexible. At each stage, the COVID-19 context in the office location should be continually monitored, informal frequent risk assessments should be completed, and the phase status should be changed accordingly. **Re-Entry Workflow Tables** are also included in this document to provide recommended actions for each stage.

Keep in mind that situations will vary between office locations. Developing a phased approach with clear criteria allows offices to have consistent re-entry plans and safety standards while creating the flexibility for offices to be in different phases according to the context of their location. Additionally, INGOs must adhere to local governance and rule of law. Accordingly, all re-entry plans should follow local regulations.

> For additional guidelines, consider reviewing the World Food Program's **Common Services Plan**, a platform designed for health and humanitarian community.

Key Assumptions

Throughout the re-entry process, organizations should keep in mind the following assumptions:

1. Office reopening should be gradual and follow best practices for physical distancing and other risk mitigation measures following a thorough and ongoing risk assessment.

2. Each field project/office should conduct location specific risk assessments and develop mitigation plans.

3. Decisions to open offices and the creation of resources and policies should have clear approval protocol.

4. When offices are reopened, employees should be able continue working from home if possible.

5. Staff who exhibit symptoms or test positive should not be allowed in the offices until advisable by **CDC guidelines**.

Preparation

The Preparation phase is where most of the planning and long-term re-structuring should take place. Organizations should consider the below indicators when deciding to keep or move an office to the Preparation phase:

Increased and sustained transmission to general populations as defined by WHO and local Ministry of Health (MoH).	Rumors of large numbers of unexpected deaths, mass graves being built or significant uncharacteristic absences of key public, religious or political figures	Public health authorities limit business operations to 'essential' businesses only, enforce social distancing, and require wearing of face masks in public.
Canceled public activities and closure of schools.	Limited medical capacity and testing capabilities	Lack of available PPE and other critical supplies
Medical evacuation unavailable or limited	International travel restrictions	Lack of availability and acceptability of public transport options for staff

Risk Assessment Questions to Consider Regarding Office Re-Opening in a COVID-19 Operating Environment

Before moving an office from Preparation to Limited Implementation, organizations should conduct a risk assessment of the office location. The **Risk Assessment Section** provides large trends and topics to consider during a risk assessment. While specifically considering re-opening to Limited Implementation, organizations should also ask themselves the following questions.

> See Annex 1 for an **Office Assessment Form** that organizations can use as a tool to assess the readiness of an office to re-open.

Government Restrictions
- Is there a government lockdown?
- Are non-essential businesses open or closed?
  - If closed, what is the timing of non-essential businesses re-opening?
- Are schools or childcare (if applicable) services closed?
- Is PPE required?
- If so, what is and where is it required?
- Movement restrictions
- What impact will these have on commute and is safe transport possible?
- Can people access essential services?

Disease Prevalence and Reliability of Data
- Has there been a downward trajectory of documented cases? If so, for how many days?
- Location(s) of the cases reported – are there active outbreaks in areas where we have offices and/or staff living?

Critical Programmatic Requirements
- Is there a critical business need that the organization should consider when thinking about the timeline for re-opening an environment?
- Based upon those needs, which staff member(s) will be critical in achieving those goals, keeping in mind that the organization may want to limit its headcount as much as possible in the early re-opening phases.

Medical Capacity and Testing
- Are there medical facilities in country equipped to treat critical cases of COVID-19?
- If so, how far do staff need to travel to access medical care and is that travel feasible?
- What type(s) of testing is available in country? Is any of that testing mandatory?
- Availability of testing – do staff, partners, family members, etc. have access?
- Is medical evacuation available in country?

Community Response and Adherence to Restrictions
- Is the community adhering to social distancing?
- Is the community adhering to government restrictions, if applicable?
- Is the community wearing masks/washing hands/avoiding physical greetings?
- Is there evidence of COVID-19 restriction fatigue in the community?
- Are there signs of stigma against anyone who has a confirmed case of COVID-19 and/or against health workers?
- What is the staff opinion and/or feedback?   Have staff expressed that they would be willing to seek treatment at facilities, etc.?

Security Situation in Country
- Has the organization and any partners (if applicable) conducted an updated risk assessment (frequency to be determined by re-opening phase)?
- Are there plans in place to mitigate unacceptably high risks and/or new risks associated with COVID-19?
- Have donor offices re-opened, if applicable?
- Examples of criminality trends in country to be considered (not exhaustive):
  - Economic situation
  - Unrest, disregarding of social distancing
  - Crimes related to increased food insecurity
  - Terrorism

Limited Implementation

There is a MODERATE risk to staff, and program participants. The project activities can be reinstated with limited activities which can be performed with a modicum of preventive and response measures to reduce risk. This level enhances the safety of staff by limiting staff exposure through restrictions on travel to the field or areas designated as highly affected.

The **Limited Implementation Phase** should be used as an intermediary step for organizations to implement the new policies and procedures they created in the **Preparation Phase** with a reduced number of staff operating out of the office. Organizations should ensure opening offices adheres to local laws.

Organizations should consider keeping or moving an office to the Limited Implementation phase if some or all the following indicators are present in the office location:

Easing of governmental or local authority restrictions designed to slow the transmission of COVID-19	Small more managed localized clusters with limited community transmission	International travel restrictions eased and consistent air transport options become available for emergency use

Official public health data indicate that within the proposed operational area there is a demonstrable downward trajectory of:

- COVID-19-like syndromic cases reported within a 14-day period;
- documented cases within a 14-day period;
- positive tests as a percent of total tests within a 14-day period.

Full Implementation

The Full Implementation Phase should only be entered if a moderate to low risk for contracting or spreading COVID-19 to staff has been determined based on recent risk assessment. This phase will consist of a return to full operations with new conditions in place to ensure appropriate precautions and risk mitigation. Organizations should consider keeping or moving an office to the Full Implementation phase if some or all the following indicators are present in the office location:

Few confirmed cases in operational area that are effectively managed by local health/medical systems	No restrictions to international or in-country travel	Unrestricted access to local partners and program locations

Internal Communications

Once the organization has determined that staff will be permitted to work from the office, travel internationally, and/or resume program operations, all staff should be informed of the following:

- How were decision(s) regarding working from the office, recommencing international travel, and restarting field programs arrived at? Which criteria were applied?
- The assessed risks for each activity going forward and the mitigation measures that have been put in place for each.
- Description of changed policies, standards, procedures, and guidance.
- Expectations of staff behavior.
- How to access security resources, training, and support
- Access to additional resources/tools
- Procedures for reporting concerns, issues, feedback

When planning return of international staff to field locations, it is important to open dialogue with national staff beforehand who may feel they were 'abandoned'. This can be common in any crisis when international staff are evacuated, and national staff are left behind.

Re-Entry Workflow Tables

The following tables are included to assist in creating and implementing a re-entry plan. These recommendations should be modified, added to, and tailored to fit the specific context of each organization. These suggestions are made with the current knowledge of COVID-19. As knowledge about the virus grows, the suggestions should be modified accordingly.

Phase 1: Preparation

	Recommendations	Lead Personnel	Status
Highly Recommended	Maintain work from home and essential functions. Continue to communicate with staff and offer appropriate levels of support.		
	Monitor progression of disease, medical capacity, government response, access to services in proposed operational areas.		
	Develop policies and protocols for resuming travel (domestic and international) to proposed operational areas and guidance for staff or traveling to affected areas (see Module 4)		
	Monitor media/social media re: public response to government restrictions, levels of compliance, anti-foreigner sentiments in proposed operational areas.		
	Establish objectively verifiable indicators to inform possible re-entry decisions: • Disease prevalence and infection rates • Medical capacity • Government restrictions • Access to essential services • Public attitudes • Movement restrictions (commute) • Access to emergency air travel		

	Recommendations	Lead Personnel	Status
	Assess risks resulting from increased exposure to COVID-19 that measures the likelihood and impact of possible infection. Likelihood in this case means the probability that restarting operations/programs and traveling internationally may cause increased opportunity for exposure. Consequence is the impact that increased exposure could have on individuals or communities if operations/programs are restarted international travel restrictions are lifted.		
	Conduct preliminary risk assessment specific to the proposed operational area considering the topics outlined in the Risk Assessment section.		
	Consider how COVID 19 may impact on the existing acceptance strategy of the organization, and what changes and additions may be necessary.		
	Identify essential employees and other critical inputs required to restart operations/programs in each operational location		
Recommended	Conduct staff survey to determine willingness and ability to return to work/ travel and to express any concerns staff may have prior to returning to the office;		
	Determine how returning staff are to be welcomed and re-orientated to the reconfigured workplace.		

Phase 2: Limited Implementation

	Recommendations	Lead Personnel	Status
Highly Recommended	Identify the circumstances and internal procedures under which the restarted operations/programs may need to suspend or reduce		
	Continue to monitor the status of the disease as reported through the World Health Organization (WHO), and other official sources		

	Train employees on any new health and safety procedures implemented to curb the spread of COVID 19		
	Review local and national health policies and plans regarding possible quarantines, border closures, airport closures, school closures, and transportation restrictions		
	Conduct stakeholder analysis: ✓ Identify who has a stake in the success of the restarted operations/program. Who benefits? Who does not benefit? Who are key allies? Who might obstruct or target operations/programs? ✓ Determine the level of support that can reasonably be expected from various individuals/institutions. ✓ Leverage supportive stakeholders to reduce impact of negative stakeholders 📄 An actor mapping and context analysis framework can be found in Module 2 of GISF's **Security to Go: A Risk Management Toolkit for Humanitarian Aid Agencies**		
	Establish PPE requirements that will be mandated as a precautionary measure Determine whether the organization	**If so:** How many per employee? • Single use masks • Reusable masks • Face coverings How will PPE/masks be distributed? • Security/HR/Operations • "Care package" ahead of the re-entry • Other way (specify) ✓ Train staff on the use, removal, and disposal of PPE;		

	will provide the PPE/masks	✓ Post signage reminding employees of revised health and safety requirements; ✓ Establish PPE inventory requirements at a minimum week by week basis; ✓ Establish a purchasing schedule to maintain minimum numbers. **If not:** Consider requiring staff to purchase or make their own PPE.		
	Establish Return to Work Procedures: ✓ Determine if the organization will require health risk screening, in line with local regulations and who will monitor and conduct this work; ✓ Establish monitoring system and record keeping procedure for tracking health evaluations & ensure employee confidentiality ✓ Decide if your organization will Implement an employee daily screening protocol when staff enter the office.			
	Develop a response plan for symptomatic or confirmed COVID-19 cases: ✓ Ensure the plan maintains employee confidentiality ✓ Identify local health agency notification requirements and directives ✓ Include procedures managing a symptomatic employee Provide notifications to SMT ✓ Develop and implement procedures for contact tracing ✓ Protect other office staff (isolating area, sending employees who may have been in close contact for self-isolation) ✓ Implement cleaning procedures for potentially contaminated areas			

	✓ Develop communication protocol for informing other staff 📄 See Annex 6 for an **Example Communication Protocol in the Event of COVID-19 Exposure**.		
	Create a plan for isolation of ill persons and how to limit contact with other staff ✓ Identify isolation location (individual's car or first aid room if not available or other appropriate isolation room) ✓ Identify person responsible to verify stock of PPE room ✓ Create notification plan for person in isolation ✓ Contact local public health authorities before allowing the affected individual to travel home and consider means of transport. ✓ Thoroughly clean isolation area after use. ✓ Post notifications that area has been cleaned with a date and time stamp		
	Develop and implement facility access control: ✓ Limit entry points to help ensure people who access your facility do so according to your polices and enhanced procedures. ✓ Limit or prohibit non-essential visitors ✓ Limit entry of truck drivers / delivery personnel ✓ Ensure workers who have been ill follow the return to work procedures specific to your organization's policy; when safe for others and appropriate		
	Develop and implement enhanced facility management procedures: ✓ Conduct a workplace layout review and implement procedures designed to enhance physical distancing ✓ Consider installing barriers and modify layout where needed ✓ Consider installing visual reminders, signage, and floor markings ✓ Adjust work and break schedules to reduce crowding		

	✓ Review hours of work and shift structures to minimize potential overlaps of workers ✓ Review meeting requirements and replace with virtual methods to limit face to face		
	Develop enhanced disinfectant guidelines based on expert guidance ✓ Establish strict disinfecting practices and timelines for offices, conference rooms, common areas, bathrooms and production areas (daily pre and post shift). See the Center for Disease Control guidelines for **Cleaning and Disinfecting Work Facilities**. ✓ Routine cleaning and disinfection of all frequently touched surfaces such as workstations, keyboards, telephones, handrails, and doorknobs ✓ Provide 75% (minimum 60%) alcohol wipes or hand sanitizer at locations such as vestibules, reception, break areas ✓ Post when the area has been cleaned ✓ Revise cleaning service contracts and expectations to ensure any additional requests are documented and agreed upon for enhanced cleaning ✓ Ensure capacity for deep clean/decontamination requirements or identify alternative company if required ✓ Ensure proper PPE & proper cleaning chemicals are used by company for cleaning and disinfecting		
	Disseminate revised security plan to all staff and conduct induction exercise to familiarize them with enhanced practices and their respective roles and responsibilities.		
	Share best practices with other implementing partners/organizations to maintain awareness of changing realities.		
	Test 'second wave' contingency plans through regular exercises and revise plan on a as needed basis		

	Recommendations	Lead Personnel	Status
Recommended	Conduct benchmarking study among other INGOs to calibrate procedures, guidance and tools;		
	All returning staff complete Health Risk Questionnaire upon initial return following office closure, travel, vacation or quarantine;		
	Require returning staff to complete training re: proper hygiene (hand washing, gloves, PPE care, etc.) before reissuing access cards.		
	Avoid shared use of employee phones, headsets, desks, offices, or other work tools and equipment, when possible; if necessary, clean and disinfect before and after each use.		
	Post reminders in appropriate languages and illustrations (CDC/WHO has downloadable posters		

Phase 3: Full Implementation

	Recommendations	Lead Personnel	Status
Highly Recommended	Continue to monitor disease infection rates and government's ability to respond and control spread.		
	Understand national and local governments' policies and the potential impact they may have on the project's operations.		
	Test contingency plans for COVID-19 resurgence through regular scenario exercises and revise plan on an as needed basis		
	Maintain capacity for alternate or flexible work modalities (e.g., videoconferencing and telecommuting) and work hours		
	Maintain current contact information for staff, ancillary personnel, clients, and other stakeholders		

Annex

Annex 1: Office Assessment Tool

This tool provides a framework to assess the readiness of an office space in relation to COVID-19 precautions. These tables and checklist items should be evaluated in addition to existing office assessments and should be modified to appropriately fit the situation of each organization.

Local Context				
Checklist Items	Y	N	N/A	Comments
Local laws and regulations permit the opening of this office	☐	☐	☐	
Reduced community transmission, disease prevalence and infection rates	☐	☐	☐	
Completed risk assessment of the local security environment	☐	☐	☐	
Assessed transportation available for staff to commute to work	☐	☐	☐	
Access to emergency air travel if needed	☐	☐	☐	
Insert additional list items based on country context	☐	☐	☐	
Insert additional list items based on country context	☐	☐	☐	
Insert additional list items based on country context	☐	☐	☐	
Additional Observations:				

Facilities				
Checklist Items	**Y**	**N**	**N/A**	**Comments**
Completed a space planning exercise to ensure appropriate physical distancing is maintained	☐	☐	☐	
Developed PPE Protocol	☐	☐	☐	
If the organization is providing PPE, appropriate supplies are bought in accordance with the PPE Protocol	☐	☐	☐	
Establish cleaning, disinfecting and hygiene standards	☐	☐	☐	
Provided a place and supplies to wash/disinfect hands	☐	☐	☐	
Provided signage to assist staff	☐	☐	☐	
Created communication to update staff about changes	☐	☐	☐	
Installed physical barriers such as clear plastic sneeze guards where feasible and necessary	☐	☐	☐	
Increase ventilation in office spaces where possible	☐	☐	☐	
Designated a single point of contact for concerns about workplace health and safety (typically a member of the HR or facilities team)				
Insert additional list items based on country context				
Additional Observations:				

Annex 6: Example Communication Matrix in the Event of a Suspected COVID-19 Exposure

Novel Coronavirus: Communications Matrix in Event of Suspected Exposure

In the event of potential exposure to or diagnosis of novel coronavirus (COVID-19), the below communications guidelines should be followed: _Please be advised that under no circumstances should communications occur to all members of staff regarding personal medical issues. Any communications to offices will come directly from [INSERT HERE]._

Type of Exposure	Definition	Communications Steps by Field Office	HQ Human Resources Actions	HQ Security Actions
Staff member diagnosed with COVID-19	A staff member has a confirmed COVID-19 diagnosis from a medical facility	• Contact HQ HR & HQ Security Teams _immediately_	**Immediate:** • HR to coordinate all office communications • HR to contact impacted staff member • If not done already, HR to coordinate the Emergency Medica Assistance Provider • Where possible, HR to gather	**Immediate** • Identify additional office protocols in event staff member had recently been in office • Security to reevaluate office processes & procedures for sanitation / operations • Routine health checks established for all office staff
Staff member has signs and symptoms of COVID-19	A staff member is exhibiting signs and symptoms of COVID-19	• Inform Staff member to immediately isolate themselves and call XXX to seek advice about nearby treatment facilities • Contact HQ HR & Security Teams immediately	**Immediate:** • HR to contact and send _email_ to impacted staff member • HR send _email_ to impacted office with any recommendations / information • HR contact employee supervisor • HR liaise with EAP depending on staff coverages • HR to coordinate all family liaison needs as required • Reiterate sick leave policy **One Week After:** • HR to send call or email to check on employee status **Three Weeks After:** • HR to send email to verify health status / symptom free	**Immediate:** • Liaise with primary SFP in country (where applicable) • Identify additional office protocols in event staff member had recently been in office • Security to reevaluate office processes & procedures for sanitation / operations **One week after:** • Security to connect with SFP/ Office POC on staff statuses in office **Three weeks after:** • Security to connect with SFP / Office POC about return to work plan for staff member if cleared by HR
Staff member has a potential exposure to COVID-19	Contact with either animals or humans who are confirmed or suspected to have the COVID-19. Includes contact via any bodily fluids, respiratory droplets or handling sick.	• Inform Staff to immediately isolate themselves and call XXX to seek advice about nearby treatment facilities • Immediately contact HQ Security team & HQ HR team	**Immediate:** • HR send call and _email_ the impacted staff member • HR send _email_ to impacted office • HR contact employee supervisor • HR liaise with EAP depending on staff coverages • HR to coordinate all family liaison needs as required **One Week After:** • HR send email to check on employee's status – happens routinely until past incubation period	**Immediate:** • Liaise with SFP in country • Identify additional office protocols • Security to reevaluate office processes & procedures for sanitation **One week after:** • Security connect with SFP / Office POC on status of personnel in office **Three weeks after:** • Security to connect with SFP / Office POC about return to work plan for staff member if cleared by HR